



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$453479762
Outpatient Patient Service Revenue	\$468751967
Total Gross Patient Service Revenue	\$922231729

2. Deductions From Revenue

Contractual Allowance	\$643677346
Other Deductions	\$4514080
Total Deductions	\$648191426

3. Total Operating Revenue

Net Patient Service Revenue	\$274040303
Other Operating Revenue	\$23031987
Total Operating Revenue	\$297072290

4. Operating Expenses

Salaries and Wages	\$68593347	Employee Benefits	\$15329706
Depreciation and Amortization	\$9416004	Interest Expense	\$4568230
Bad Debt	\$14828367	Other Expenses	\$117832858
Total Operating Expenses	\$230568512		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$66503778	Total Assets	\$694885870
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$26193435
Total Net Gains	\$66503778		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$417643917	\$344650065	\$72993852
Medicaid	\$169896558	\$133443291	\$36453267
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$334691254	\$170098070	\$164593184
Total	\$922231729	\$648191426	\$274040303

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$349417	\$2756932	\$-2407515
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4514080
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$880246	
HCI Payments	\$0		
Subtotal	\$0	\$880246	\$-880246
Medicaid Shortfalls	\$36453267	\$47707206	
Subtotal	\$36453267	\$48587452	\$-12134185
DSH Payments	\$0		

	Subtotal	\$36453267	\$48587452	\$-12134185
Medicare Shortfalls		\$72993852	\$81440564	
Other Government Programs		\$0	\$0	
	Total	\$109447119	\$130028016	\$-20580897

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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